

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1940 Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Aug 1-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 5 Years, Months, Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, August 3.

{ Undertaker, Walter Inman

{ Place of Business, 594 W. Biddee St. Address, 407 W. Greene

P. May Smith

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 1941

Office of Registrar of Vital Statistics.

Ward 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

Aug 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Frank Genkush

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years,

8 Months,

Color,

white

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

City

Duration of Residence in the City of Baltimore,

Since Birth

Place of Death, { Give Street and Number. }

# 1366 Lancaster

Cause of Death, { First (Primary),  
Second (Immediate), }

Cholera Infestation

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. John's on the Hill

Date of Burial, August 2nd

Undertaker, Felix Broszowski

John H. Rehberger M. D.  
Medical Attendant.

Place of Business, 1732 Abell Street Address, 1709 Alice Avenue

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this certificate.

# Health Department, City of Baltimore.

Permit No. A 1942 Office of Registrar of Vital Statistics.

Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

## CERTIFICATE OF DEATH.

Date of Death,

Aug. 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Rudolph Schweikouski

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

9 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Since Birth

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum

Duration of Last Sickness,

14 days

All the above information should be furnished by the Physician.

Place of Burial, Steiner Cimit

Date of Burial, Aug. 3rd 1887

{ Undertaker, J. J. Brosnahan John F. Lehberger M. D.

Medical Attendant.

{ Place of Business, 1737 Orleans Address, 1709 Alice Anna

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

Permit No. **1943**

*Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

## CERTIFICATE OF DEATH.

Date of Death, August 1st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Lageshi

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 Years, / Months, — Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, Housewife

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 1 year

Place of Death, { Give street and number. } Allice Anna Stmean Wolf 1920

Cause of Death, { First, (Primary.) Consumption. } { Second, (Immediate.) Exhaustion. }

Duration of Last Sickness, 1 mth

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, August 2nd 1887 | C. W. Schulte Jr. M.D.,

Medical Attendant.

{ Undertaker, Felix Broszowski

{ Place of Business, 1732 Old Howard | Address, S.W. corner Wolfe & Carlton

### Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1944 Office of Registrar of Vital Statistics. Ward 19<sup>th</sup>

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Aug. 2<sup>nd</sup> 1887

Full Name of Deceased, James A. Doyle { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 14 days

Place of Death, { Give Street and Number. } 1617 W. Fayette St

Cause of Death, { First (Primary), " Second (Immediate), Marasmus "

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Aug 3<sup>rd</sup> 1887

Undertaker, Dennis Mitchell Edward J. London M. D.

Medical Attendant.

Place of Business, 1201 W. Fayette St Address, 1403 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A 1945

Office of Registrar of Vital Statistics.

Ward : 19

The Physician who attended any person in a last illness, is responsible for the present to the Undertaker or other person superintending the burial, within twenty-four hours after requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S SIGNATURE.

**THE SUN.**

BALTIMORE, WEDNESDAY, AUG. 8, 1887.

HUDSON.—On August 1, at 10 o'clock P. M., Mrs. CHEL P., aged 85 years, widow of the late Dr. Hudson. [Richmond and Farmville papers please copy.]

Funeral will take place from the residence of her son-in-law, Thomas W. Wiley, No. 1336 North Charles Street, August 3, at one o'clock P. M. Relatives and friends of the family are invited to attend.

## CERTIFICATE OF DEATH

Date of Death,

Sing. 21 Aug. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents.

Mrs. Mitchell Hudson

Sex, Male or Female, { Cross out the word not required in this line.

(Male. ♂)

Age, 82 Years, 0 Months, 0 Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Pa.

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, { Give Street and Number.

1336 N. Carey St.

Cause of Death, { First (Primary),

old age

Second (Immediate),

Duration of Last Sickness,

one year

All the above information should be furnished by the Physician.

Place of Burial, Ballona Cem-

Date of Burial, Aug 3<sup>rd</sup> 1887

Wm J Chapman, M. D.

Medical Attendant.

{ Undertaker, Martin Falley & Son

Wm J Chapman, M. D.

{ Place of Business, 606 W. Townsend St. Address, Postman Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

19

Permit No.

*A 1946*

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

## CERTIFICATE OF DEATH.

Date of Death,

*August 2<sup>nd</sup> 1887*

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Wm Tell Bixler*

Sex, Male or Female, { cross out the word not required in this line. }

Age, *66* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, *white*

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, *Clerk*

Birthplace, { State or country, (and how long in the United States, if of foreign birth. ) } *Maryland*

Duration of Residence in the City of Baltimore, *Life*

Place of Death, { Give street and number } *1029 Fulton Ave*

Cause of Death { First, (Primary) *Dysentery*, Second, (Immediate) }

Duration of last Sickness, *six days*

All the above information should be furnished by the Physician.

Place of Burial, *Broadway Park Cemetery*

Date of Burial, *August 3<sup>rd</sup> 1887* Geo E Ogle M. D.

Medical Attendant.

Undertaker, *Stewart Mortise*

Place of Business, *215 & 217 Park Av* Address, *711 Cary St*

*Extract from Regulations of the Board of Health to secure a full and correct record of  
Vital Statistics in the City of Baltimore*

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[ovre.]

The Special Attention of Physicians is respectfully invited to the following:

# Board of Health, City of Baltimore,

Permit No. A 1947

Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, August 1987

Full Name of Deceased, {

Write legibly and spell correctly. If an infant not named, give names of parents.

Andrew Booker

Male

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years, \_\_\_\_\_

10 Months, \_\_\_\_\_

Days, \_\_\_\_\_

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, \_\_\_\_\_

Birthplace, { State or country, and now long in the United States, if of foreign birth. }

Baltimore Md

Duration of Residence in the City of Baltimore, 10 months

Place of Death, { Give street and Number. }

2017 Druid Hill Ave

First, (Primary), Endo-Colitis

Cause of Death, { Second, (Immediate), }

Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Lawnlawn Park Cemetery

Date of Burial, Aug. 3<sup>rd</sup> 1887

Undertaker, J. Leewald

Place of Business, 119 E. Utaw St.

William & Wiegand M. D.

Medical Attendant.

Address, 1513 Penna Ave

**Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

1948

Office of Registrar of Vital Statistics.

Ward 9<sup>a</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Allen Murphy

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 52 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Dental Surgeon

Birth Place, { State or country, and how long in the United States, if of foreign birth. } England

Duration of Residence in the City of Baltimore, since July 27-87

Place of Death, { Give Street and Number. } City Hospital

Cause of Death, { First (Primary), Second (Immediate), } Dilirium Tremens Rummour

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com

Date of Burial, August 2<sup>nd</sup>

{ Undertaker, H. Jenkins & Sons }

{ Place of Business, Park & Scatologe }

Chas & Ray

M. D.

Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A

1949 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, August 2nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles E. Banks.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Two Months, Fifteen Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 2 months 13 days.

Place of Death, { Give Street and Number. } 1407 Cooksie St.

Cause of Death, { First (Primary), Cholera Infantum. Second (Immediate), Dysphnoea. }

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Barnabas

Date of Burial, Aug 3rd 1887

{ Undertaker, Armstrong & Son }

{ Place of Business, 715 Light St }

M. Lake Hooper M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]